

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

POU 920020011 US1

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	34	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	34 minus 20=*	14
INDEPENDENT CLAIMS	4 minus 3 =*	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 24	Minus ** 34	= 0
Independent	* 4	Minus *** 4	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	252
X42=		OR X84=	84
+140=		OR +280=	
TOTAL		OR TOTAL	1076

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B		AMENDMENT C	
(Column 1)	(Column 2)	(Column 1)	(Column 2)
CLAINS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	CLAINS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	Minus **	Minus **	=
Independent	Minus ***	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

AMENDMENT B		AMENDMENT C	
(Column 1)	(Column 2)	(Column 1)	(Column 2)
CLAINS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	CLAINS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	Minus **	Minus **	=
Independent	Minus ***	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

AMENDMENT B		AMENDMENT C	
(Column 1)	(Column 2)	(Column 1)	(Column 2)
CLAINS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	CLAINS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	Minus **	Minus **	=
Independent	Minus ***	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.